## BEST AVAILABLE CO



## UNITED ATTES DEPARTMENT OF GOMMERC

Address: COMMISSIONER OF PATENTS AND TRADEMARK Washington, D.C. 20231

|                    | 13. 18.11 (22) |         | made and the second |      |          | 200             |
|--------------------|----------------|---------|---------------------|------|----------|-----------------|
| APPLICATION NUMBER | FILING/RECE    | PT DATE | FIBST NAMED APPLIC  | ANT. | ATTORNEY | DOCKET NO/TITLE |
| 09(134)271         | 08/12/98       | SAH     |                     |      | · -      | 860098.425      |

0242/0902

DAVID J MAKI SEED AND BERRY 6300 COLUMBIA CENTER 701 FIFTH AVENUE SEATTLE WA 98104-7092 NOT ASSIGNED

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ATE MAILEDS\*

09/02/98

## NOTICE TO FILE MISSING PARTS OF APPLICATION Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.16(a). If any of Items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(a) of \$65.00 for a small entity in compliance with 37 CFR 1.27, or \$130.00 for a non-small entity, must also be timely submitted in reply to this NOTICE to avoid abandonment.

| VL 1.           | The statutory basic filing fee is:    missing   insufficient.   Applicant must submit \$ (37 CFR 1.27),   to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27),  |
|-----------------|--|
| <b>Ž</b> 2.     | Additional claim fees of \$, including any multiple dependent claim fees, are required.  |
|                 | \$ for independent claims over 3.  |
|                 | \$ 20 C for 10 dependent claims over 20.   |
|                 | \$270 00 for multiple dependent claim surcharge.   |
|                 | Applicant must either submit the additional claim fees or cancel additional claims for which fees are due.   |
| <b>∠</b> Z) (3. | ☐ is missing or unexecuted. ☐ does not cover the newly submitted items. ☐ does not identify the application to which it applies. ☐ does not include the city and state or foreign country of applicant's residence. An oath or declaration in compliance with 37 CFR 1. 63, including residence information and identifying the application by the above Application Number and Filing Date is required. |
| ☐ 4.            | The signature(s) to the oath or declaration is/are by a person other than inventor or person qualified under 37 CFR 1.42, 1.43 or 1.47.  A property signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.   |
| □ 5             | . The signature of the following joint inventor(s) is missing from the oath or declaration:  |
|                 | An oath or declaration in compliance with 37 CER +63 listing the names of all invertions and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date, is required.   |
|                 | A \$50.00 processing fee is required since your check was returned without payment (37 CFR 1.21(m)).   |
|                 | Your filling receipt was mailed in error because your check was returned without payment.  |
| □ 7             |  |
| □ 7             | The application does not comply with the Sequence Rules. See attached "Notice to Comply with Sequence Rules 37 CFR 1.821-1.825."   |

A copy of this notice MUST be returned with the reply.

Listemer Service Center

tial Parent Examination Division (703) 308-1202

PART 3 - OFFICE COPY